

**EFFECTIVENESS OF INFORMATION, EDUCATION AND
COMMUNICATION PACKAGE ON KNOWLEDGE AND
EXPRESSED PRACTICE ON AWARENESS AND
MANAGEMENT OF MENOPAUSAL SYMPTOMS
AMONG TEACHERS**

By

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**A DISSERTATION SUBMITTED TO THE TAMILNADU
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CERTIFICATE

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ABSTRACT

A pre experimental study to assess the effectiveness of IEC package on knowledge and expressed practice on awareness and Management of menopausal symptoms among teachers working at selected high schools in Thanjavur during the year 2010-2011 was undertaken by C. LEEMAROSELINE in partial fulfillment of the requirements for the degree of Master of science in Nursing under Dr. M. G. R Medical University, Chennai.

OBJECTIVES

1. To assess the level of knowledge on awareness and management of menopausal symptoms among the teachers before and after IEC package administration.
2. To assess the expressed practice on awareness and management of menopausal symptoms among the teachers before and after IEC package administration.
3. To evaluate the effectiveness of IEC package on awareness and management of menopausal symptoms among teachers.
4. To correlate the knowledge and expressed practice regarding awareness and management of menopausal symptoms among teachers.
5. To find out the association between the selected demographic variables with the level of knowledge after IEC package administration.
6. To find out the association between the selected demographic variables with the level of expressed practice after IEC package administration.

Conceptual frame work	:	Rosentstock's and Becker's health belief model.
Research design	:	pre experimental design one group pre test post test design o1 x o2
Setting	:	High school.
Participants	:	30 teachers.
Tool	:	Knowledge questionnaire and expressed practice Questionnaire.
Data collection	:	Pre assessment was done, IEC package was given for 30 minutes. Then post test was conducted after 15 Days.
Data analysis	:	Descriptive and Inferential statistics were used by using SPSS 13 th version.

RESULT

The knowledge and expressed practice of awareness and management of menopausal symptoms among teachers was in adequate during pre test. The study showed that IEC package was effective in improving knowledge and expressed practice.

There was a significant difference in the pre test and post test knowledge and expressed practice scores which was significant at 0.01 levels.

There was a significant difference in the mean post test scores knowledge and expressed practice which was significant at 0.05 level. There was a significant positive correlation between the post test knowledge and expressed practice scores.

There was a significant association between background variable menopausal statuses with knowledge and there was significant association between demographic variable menopausal statuses of the teachers with post test expressed practice.

CONCLUSION

The IEC package is an effective tool in creating awareness to all teachers which brings down the symptoms to menopause and also prevents the complication.

CHAPTER - I

INTRODUCTION

Menopause, also known as "the change" or "change of life," is a normal part of a woman's life. It is a point in time—the last menstrual cycle, the last period. The years leading up to that last period, when women might be experiencing menopausal symptoms like changes in their monthly cycles or hot flashes, are called the menopausal transition.

In the western world about 12% of women don't experience menopause symptoms and about 14% experience intense physical or emotional problems.

MC Grew (1990) explained that the menopause is a universal the onset and duration is indefinite and is unpredictable. The experience of menopause varies from women to women and there is no fixed pattern and no chain of events.

The age of menopause ranges between 40 - 55 years average being 51 years. This covers a wide range of period between 5 – 10 years as on either side of menopause. When a woman permanently stops having menstrual periods, she has reached the stage of life called menopause often called the change of life". This stage signals the end of a woman's ability to have children, when a woman's hormone level begins to change. Menopause is said to be complete when menstrual periods have ceased for one continuous year.

Usually in her forties, a woman's body starts changing. Some differences, such as a thickening waist, can happen because she is getting older, but others, like vaginal dryness, are caused by changes in her hormone levels. As a woman ages and especially as she gets closer to menopause, her ovaries get smaller. This time of changes in hormone levels and menstrual cycles is called the menopausal transition.

Kinks and Burner (2002) stated that the commonest and most noticeable symptoms are hot flashes and sweating which are the hall marks of the climacteric in 85% women.

Many women also start to be bothered by hot flashes or flushes and/or night sweats. The medical term is vasomotor symptoms. During a hot flash, your face and upper body begin to feel hot. Your skin gets flushed or red because blood vessels close to the surface are expanding. You might start sweating a lot, sometimes followed by cold shivering. Night sweats are hot flashes with sweating that happen during your sleep. Hot flashes can happen several times an hour, a few times a day, or just once or twice a week. They usually occur for just a few years and then stop, but about one woman in every ten women might have hot flashes into her sixties and seventies.

Ban ever studies suggest that as many as three-fourths of white women have hot flashes and/or night sweats. A different study found that African-American women are more likely to report having hot flashes and night sweats than are Hispanic or white women. Japanese and Chinese women were the least likely to report this symptom.

There are some practical steps you can try to ease hot flashes and/or night sweats. Sleep in a cool room. Dress in layers, which can be removed at the start of a hot flash. Have a drink of cold water or juice when you feel a hot flash coming on, Use sheets and clothing that let your skin “breathe.”

Following menopause there is loss of bone mass by about 3 -5 % per year, this is due to deficiency of estrogen. Osteoporosis is a condition where there is reduction in bone mass; post menopausal woman runs a high risk for fracture of bones due to osteoporosis.

Osteoporosis Diminution in the calcium content in the bone during advancing age is called osteoporosis. At the age of 40, total bone calcium amounts to 1200grams. Bone re sorption follows estrogen deficiency after menopause.

From mood swings there is some evidence that stress, a history of depression, and poor general health are more likely to contribute to mood changes, anxiety, and irritability during mid-life than do hormonal fluctuations. So, while women at mid-life are sometimes portrayed as having extreme mood swings, this may not be a true picture. The specific connection of mood to the hormone changes of menopause is not clear.

Rock vile(2002) focused that vaginal dryness is most consistently associated with the menopausal transition results of treatments trials consistent and conclusive only for estrogen. Vaginal dryness is a one of the main symptoms during menopause.

Vaginal dryness can be very uncomfortable and may get in the way of a normal sex life. A water-based lubricant, but not petroleum jelly, may relieve your vaginal discomfort.

The hormone estrogen can also help with vagina. For women who are only bothered by vaginal symptoms, inserting a vaginal estrogen tablet or vaginal ring containing estrogen or applying an estrogen cream in the vagina will probably relieve symptoms locally.

Vaginal dryness is controlled by lifestyle changes, dietary adjustment and a different exercise program and stress reduction technique such as meditation or yoga soy flour and phyto estrogens promote vaginal health.

Spontaneous menopause is unavoidable; counseling every woman with menopausal symptoms should be adequately explained about the physiologic events. This will remove her fears and minimize or dispel the symptoms of anxiety, depression and insomnia.

Non hormonal treatment, nutritious diet balanced with calcium and protein is helpful milk and dairy products and green leafy vegetables.

There are 35 symptoms of menopause but we are focusing on these four symptoms because these four's are manageable through food, exercise and life style changes and these symptoms are having good prognosis.

SIGNIFICANCE AND NEED FOR THE STUDY

Maturitas et al (2005) focus that ovarian senescence occurs gradually during the fourth and fifth decades of life, leading to menopause at an average age of about 51 years. This senescence results in a changing hormonal milieu, with decreases in the levels of estrogens and androgens.

Hormone changes characteristic of menopause can change the moisture levels in the body including the vaginal area, studies report that 40 % - 60% of women develop vaginal dryness during the menopausal transition.

Women Health (1999) stated a survey was undertaken to study women's knowledge of the physical & emotional changes associated with menopause.

Psychological changes there are increased frequency of anxiety, headache, insomnia, irritability and depression. They also suffer from mood swings and inability to concentrate.

Banerjee studies (2000) say that menopause symptoms have been primarily focused on white women of higher socio economic status, although hot flashes are found in 63.8% and night sweats in 55.1% mood swings in 71.9% and osteoporosis in 55%.

Whether it is during or after menopause, a woman is likely to experience health problems/physical and psychological caused by hormonal changes.

There are 35 symptoms in menopause. Some women take it as a part of life. But in higher socio economic status women take it as a problem. Ignorance about menopause is common among the women. Acceptance of symptoms creates a mental trauma in women & they find it difficult to handle symptoms. The menopausal symptoms add to the intensity of stress because of lack of awareness and inadequate management of menopausal symptoms among the teachers. Therefore, nurse must interact with menopausal women in a supportive educative system to guide, to support physically or psychologically & thus help them to cope with their evolving problems during menopause.

The need for information is universal. Every illness produces a need for additional information. These needs can be met through education. Awareness' helps to meet & cope with the worst expected, in the best possible way with maximum efficiency. Hence, it is essential that these women must believe the necessary information. Information can be disseminated by visual & verbal form. An information, Education & communication package is effective & economical teaching aid which can be used for this study.

As per the studies & the experience that influenced the investigator, it is found that the teachers are more risk of symptoms because of the inadequate knowledge on management in the following areas, (i.e.,) hot flushes, vaginal dryness, mood swings, and osteoporosis. Hence the investigator has decided to carry out this study.

PROBLEM STATEMENT

A study to assess the effectiveness of IEC package on knowledge and expressed practice on awareness and management of menopausal symptoms among teachers working at selected high schools in Thanjavur during the year 2010-2011.

OBJECTIVES

1. To assess the level of knowledge on awareness and management of menopausal symptoms among the teachers before and after IEC package administration.
2. To assess the expressed practice on awareness and management of menopausal symptoms among the teachers before and after IEC package administration.
3. To evaluate the effectiveness of IEC package on awareness and management of menopausal symptoms among teachers.
4. To correlate the knowledge and expressed practice regarding awareness and management of menopausal symptoms among teachers.
5. To find out the association between the selected demographic variables with the level of knowledge after IEC package administration.
6. To find out the association between the selected demographic variables with the level of expressed practice after IEC package administration.

RESEARCH HYPOTHESES

At $p < 0.05$ level.

- H1: There will be a significant difference between the pre test and post test level of knowledge.
- H2: There will be a significant difference between the pretest and post test level of expressed practice.
- H3: There will be a significant correlation between the post test Level of knowledge and post test level of expressed practice.
- H4: There will be a significant association between the selected demographic variables and the post test level of knowledge.
- H5: There will be a significant association between the selected demographic variables and the post test level of expressed practice.

OPERATIONAL DEFINITIONS

1. Effectiveness

A result produced action.

In this study it refers to finding out a desired or intended result of IEC package on awareness and management of menopausal symptoms among menopausal women which is measured by the knowledge and expressed practices questionnaire.

2. IEC package

Information, education and communication package is defined as a powerful and effective means of translating complex messages of social interactions to target groups.

In this study it refers to a technique used to create awareness to the audience using audio visual aids such as handout and power point presentation which contain information on diet, exercise and methods of managing the symptoms of hot flashes, mood swings, vaginal dryness and osteoporosis.

1. Knowledge

Information acquired through experience or education.

In this study it refers to the understanding and the response of the respondents regarding menopausal symptoms as measured by self administered questionnaire.

2. Expressed Practice

The actual application of any method.

In this study it refers to the desired practice towards awareness and management on symptoms of menopause which are expressed by teachers as measured by self administered expressed practice questionnaire.

3. Teachers

They are women who are in the age group of 45 – 55 years.

In this study it refers to teachers who had cessation of menstrual cycle between 6-18 months and with in the age group of 45-55 years.

4. Awareness

The state or level of consciousness where sense data can be confirmed by an observer. The awareness of one type of idea naturally fosters an awareness of another idea.

In this study it refers to motivating the knowledge about the menopausal symptoms.

5. Management

Any attempt to intervene or interrupt the usual sequence in the development disease.

In this study it refers to the provision of education, dietary advice, exercise given to the teachers .The common problems (hot flashes, mood swings, vaginal dryness and osteoporosis) during 6-18 months of menopausal period.

6. Menopausal Symptoms

There are 35 symptoms in menopause.

In this study it refers to the hot flashes, mood swings, vaginal dryness and osteoporosis experienced during menopause.

ASSUMPTIONS

1. IEC package on awareness and management of menopausal symptoms may enhance their practice.
2. Awareness and management of menopausal symptoms will help to improve the quality of life for the teachers.

DELIMITATION

This study is delimited to 6 weeks to 30, sample teachers between 6-18 months within the age group of 45-55 years.

CHAPTER - II

REVIEW OF LITERATURE

According to Polit Hungler (1999) literature review refers to the activities involved in identifying a searching for information on a topic. An extensive review of the research and non-research literature was done to gain the maximum information and thus to build literature reviewed has been organized and presented under the following headings.

1. Literature related to menopause.
2. Literature related to knowledge regarding menopausal symptoms.
3. Literature related to effectiveness of information education and communication (IEC)

1. LITERATURE RELATED TO MENOPAUSE

Kinhalkar (2010) conducted a study on counseling needs at menopause. This study concludes that a middle aged woman feels happy and honored, if she is enquired about her health, moods, diet at menopausal age, she feels relaxed , after expressing herself. Urban woman needs counseling for regular exercise, good diet and she needs to be told to become socially active .Counseling is needed to her to improve the interpersonal relationships.

Charlesbucher (2010) states that by the time the woman reaches the age of 45 the secretion of these hormones is reduced, leading to menopause. Menopause brings along with it numerous problems like osteoporosis, hot flushes, and vaginal dryness. Most of the menopausal symptoms are manageable.

Med news Report (2010) states that Hot flashes are a very common side effect of menopause, with nearly 3 out of 4 women dealing with them during this time. Studies have shown that smoking, obesity & physical inactivity can increase a greater number of hot flashes.

Dixit s (2009) conducted a study of Indian menopausal women and their lifestyle and effectiveness of counseling and simple medical treatment to improve the quality of life. This study concludes with writing about traditional Indian way of continued physical activity, fasting and fixed menses, and visiting places of worship and joint family systems along with medical counseling. Assurance and simple medical treatment provide an active, resourceful and quality of life for Indian women.

Lippincott Williams (2008) cited about Symptoms of menopause. Hot flushes and vasomotor symptoms are highly prevalent during the early post menopause, although most women will experience an abatement of their vasomotor symptoms by 5 years after their final menses.

Jan 1 Shifren et al (2008) stated that menopause, the permanent cessation of menstruation, occurs as a mean of age of 51 years. Osteoporosis, or low bone mass, affects an estimated 30 million women in the United States or approximately 55% of women older than the age 50 years.

Uusi-Rasi K et al (2007) conducted a prospective study that set out to determine factors that underline changes in bone characteristics & physical performance during post menopausal years. Our results indicate

that HRT helps to maintain bone mass & structure, which are important factors in prevention of fragility factors in later life.

Thomas et al (2007) stated that the classic sign of estrogen decline is the hot flush; the hot flush represents a disturbance in the thermoregulatory control mechanism. Descriptively it consists of vasodilatation and heat release involving the upper torso and head.

George .S.A. (2006) conducted a phenomenological study to (a) examine and interpret the reality of the menopausal transition as experienced by American women and (6) identify common elements and themes that occur as a result of the complexities of this experience.

Mary (2006) stated from her phenomenological study for six Irish women who were post and Menopausal by an interview done about their experience to get an understanding of the cultural meaning of menopause among Irish women and found that they had relief at reaching menopause, a sense of acceptance of menopause as a natural event in women's life.

Bhasker Rao (2005) stated that the withdrawal of estrogen in the menopausal period results in an imbalance between osteoclastic, and osteoblastic activity, resulting in increased resorption of bone over bone formation. Osteoporosis is a significant affliction for menopausal women.

Spereff (2005) stated that due to decrease or loss of estrogen level in the blood, the menopausal women experience disturbance in menstrual pattern irregular menstrual frequency and ultimately amenorrhea, vasomotor instability, atrophic conditions and health problems secondary

to long term deprivations and estrogen the consequences of which are osteoporosis fractures and cardio vascular disease.

2. LITERATURES RELATED TO KNOWLEDGE REGARDING MENOPAUSAL SYMPTOMS

Canadian nurse (2009) Anxieties, difficulty in concentrating, overreacting to minor upsets, quickly being irritated, forgetfulness and mood swings are typical psychological problems. But studies indicate that many cases of depression relate more to circumstances than to menopause itself.

Borah BK (2008) conducted a study to know the effects of phytoestrogen versus conjugated estrogen on vasomotor symptoms in menopause. Results showed that conjugated estrogen significantly reduced the severity and frequency of vasomotor symptoms in menopause in comparison to phytoestrogen and both phytoestrogen and conjugated estrogen were found well tolerated.

Gonzalez M. et al (2008) assessed the prevalence of female sexual dysfunction in pre menopausal and post menopausal women with and without hormone replacement therapy. They found that menopause affects in a negative manner some domain of female sexual function. HRT improves some factors of the sexual function during menopause but it does not improve desire and arousal which are the most affected domains.

Chiechilm. et al (2007) found that a Soya rich diet is efficacious in increasing the maturation indices of vaginal cells. This effect could be a useful marker of the efficacy of a dietary intervention with phytoestrogen

rich foods and should be considered during preventive interventions against menopausal effects and vaginal atrophy.

Duffy, et al (2006) have found that significant cognitive improvements in post menopausal women can be gained from 12 weeks of consumption of a supplement containing Soya Isoflavones that are independent of any changes in menopausal symptoms, and mood of sleepiness.

Messina, M. et al (2006) have claimed that the available data justify the recommendation that patients with frequent hot flushes consider trying Soya foods or flavones supplements for the alleviation of their symptoms

Obermeyer, et al (2005) A survey was carried out with 293 women, the questionnaire collected information on the respondents, socio-demographic characteristics, general health and reproductive health and also contained questions on management of menopausal symptoms and this life style they identified over a third of women who seek help in dealing with the symptoms they experience, 15% use hormonal replacement therapy (HRT) and 2% use calcium supplement.

Santha Samuel (2004) conducted a study to assess the knowledge about menopause, its related problems and coping strategies among women. The research design adopted for the study was pre experimental study. Non probability convenience sampling technique was used. Multiple choice questionnaire was used to assess the knowledge of women.

Roberto Hernandez (2004) conducted study on osteoporosis related life habits and knowledge about osteoporosis among women in this exploratory cross sectional study, an osteoporosis knowledge assessment questionnaire including a food frequency and physical activity record section were used to collect data and it was delivered through a face to face interview. A convenience sample (n= 197) comprising of 3 groups of women aged 25 – 35 years, 36 – 49 years and over 49 years was taken. Study results indicated that better educated women had more knowledge about osteoporosis than women with a low education level, regardless of age, even though this knowledge was rather fair older women got more weight – bearing physical activity at home and less at place of employment than reported by the younger women .regardless of age. Most of the women consumed 60% or less than the dietary reference intake of calcium and depend on household income, lactose intolerance and coffee rather than milk consumption.

3. LITERATURE RELEATED TO EFFECTIVENESS OF INFORMATION EDUCATION AND COMMUNICATION (IEC)

Kanagavalli(2008) carried out a study to evaluate the effectiveness of structured teaching programme on knowledge and practice of menopausal care among menopausal women. The results showed that there was a significant difference in the post test scores of knowledge and practice than pre test scores.

Kalpana (2007) did a study to determine the knowledge, attitude and practices of women regarding menopausal syndrome before and after a structured teaching programme.The results showed that there was a

significant difference in the post test scores of knowledge, attitude and practices than pre test scores.

Rufeena (2006) carried out a study to evaluate the effectiveness of STP on coping strategies of women who attained menopause. She concluded that the teaching programme was effective improving women's knowledge and practices

Fox Yound et al (2006) undertook a survey to study women's groups of middle women, a random sample ($n = 381$) and a sample of women also attended menopause, seminars ($n = 95$) where they were asked to select from a list of 39, those changes they thought were directly caused by menopause. The mean score for the commonly available knowledge to them was 27 out of 39 (69.2% correct). It indicates health education programme about menopause was an effective one.

Allen et al (2005) A descriptive crosssectional survey of 215 pre menopausal and post menopausal low income urban women was carried out to characterized knowledge of menopause and HRT and factors associated with knowledge level socio demographic characteristics. Result revealed a general loss of knowledge about menopause and role of HRT. Major independent predictors of increased knowledge ($R^2 = 0.31$) were having a talk with a health care provider about HRT. This indicates that effective teaching programme is indeed a help for increasing knowledge about menopausal care.

Judith A. Berg (2005) In this study. Participants reported on (a) how they learned about menopause, (b) who they talked to about menopause symptoms or issues, (c) how Filipino women and men feel

about menopause, and (d) the most common health complaints of midlife Filipinas. Finding revealed that midlife Filipina Americans primarily obtain their information from and talk about menopause with female relatives and friends.

Cancer nursing (2005) stated that the topics most frequently cited in the brochure that women previously did not know or understand were the questions to ask and the information to share with a healthcare provider and the risk factors for osteoporosis. The most important and informative sections of the brochure were those describing the risk factors for osteoporosis, the questions to ask and the information to share with a healthcare provider, and the risks and benefits of HRT this vulnerable population about menopause and the potential subsequent impact in HRT use. This indicates effective teaching programme of real is help for increasing knowledge about menopausal care.

CONCLUSION

Based on the above literature it was stated that, the knowledge and expressed practice regarding menopause were found to be less. So the IEC package may be a tool to increase the awareness and management of menopausal symptoms.

CONCEPTUAL FRAMEWORK

Conceptualization is the process of framing ideas, designs and plans (Treece, 1986).

Conceptual framework for a study is developed from the existing theory and helps in defining the concepts of interest and proposing relationship among them. The model gives direction for the planning, data collection and interpretation of findings (Burns and Groove, 1995).

The present study aims at determining the effectiveness of information, education and communication package on knowledge and expressed practice on awareness and management of menopausal symptoms among menopausal women. The conceptual framework of the present study was developed based on Rosen stock's health belief model (1996).

According to Rosen stock's health belief model , there are three factors, individual perception, modifying factors, & likelihood of taking action which determines the individuals decision towards taking preventive action .The model explains, a decision to take health action is based on perception of susceptibility to conditions & the severity of the consequences resulting from a particular health action. The model also includes cues to action that are internal or external stimuli to a particular health behavior.

In this study, individual perception refers to the menopausal women's perception of importance of management of menopausal symptoms. Modifying factors refer to knowledge & expressed practice of menopausal women on awareness & management of menopausal

symptoms & background variables like age, religion ,number of children, type of family, type of teacher & menopausal status.

Perceived threat of menopausal symptoms are influenced by individual perception, modifying factors & cues to action, which ultimately lead the individual to take appropriate action.

The present study aimed at developing an IEC package to improve the knowledge & expressed practice on awareness and management of menopausal symptoms among teachers. This study conceptualizes that IEC package on management of menopausal symptoms among them would make them aware of management of the same.

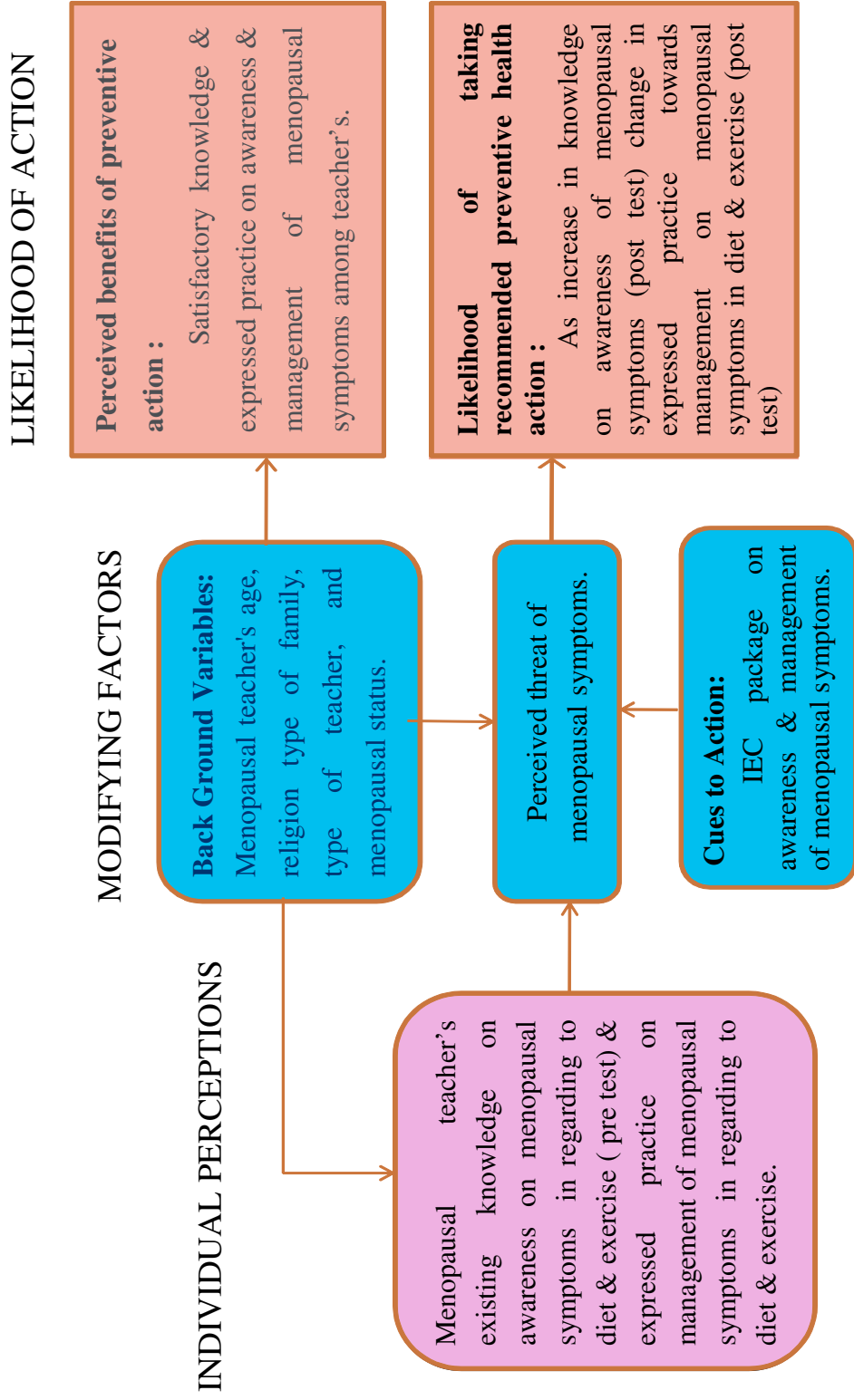


FIGURE 1 – CONCEPTUAL MODEL BASED ON ROSENSTOCK'S AND BECKER'S HEALTH BELIEF MODEL.

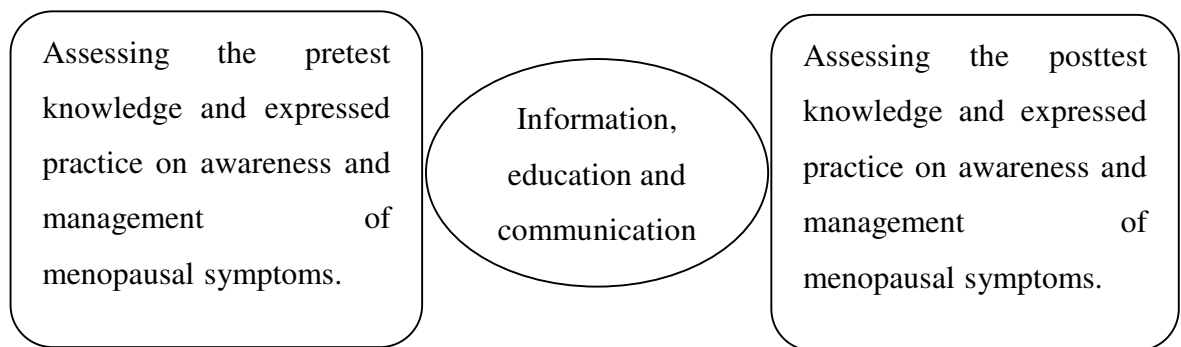
CHAPTER - III

METHODOLOGY

RESEARCH METHODOLOGY

This chapter deals with research design, the setting, sample and sampling technique, it also deals with tools and technique, procedure for data collection. The research approach used for this study was evaluative approach.

RESEARCH DESIGN



- O1 - Pre test
- X - Information education and communication package
- O2 - Post test

The research design used in this study was “one group pretest – post test design – pre experimental design”.

O1 X O2

- O1 : pretest assessment of knowledge and expressed practice of a group of sample.
- X : Administration of IEC package
- O2 : post test assessment of knowledge and expressed practice of the same group of sample

VARIABLES

Independent Variable

IEC package on awareness and management of menopausal symptoms.

Dependent Variables

Knowledge and expressed practice on awareness and management of menopausal symptoms.

SETTING OF THE STUDY

The study was undertaken in 5 private and 2 government High schools in Thanjavur to get a sample size of 30. The teacher's qualification was MSc., MEd ,B.Sc., BEd. The investigator selected these schools for the feasibility and availability of subjects for data collection.

POPULATION

The target population of this study was menopausal women between 45 to 55 years.

SAMPLE

The sample consisted of 30 menopausal teachers who were working at selected schools in Thanjavur.

SAMPLING TECHNIQUE

Sampling technique used for this study was non-probability convenience sampling.

CRITERIA FOR SAMPLE SELECTION

The samples were selected based on the following criteria.

INCLUSION CRITERIA

1. The teachers who were in the age group of 45 – 55years.
2. The teachers who were willing to participate in the study.
3. The teachers who have in the period of 6-18 months period.

EXCLUSION CRITERIA

Those menopausal teachers had undergone hysterectomy.

RESEARCH TOOL AND TECHNIQUES

The instrument consisted of 3 parts based on the objectives, as it is described below.

DESCRIPTION OF THE TOOL

- Part - I : Consisted of background variables.
- Part - II : Consisted of questionnaire which had 20 items to assess the knowledge on menopausal symptoms.
- Part - III : Consisted of questionnaire which had 10 items to assess the expressed practice on awareness and management of menopausal symptoms.

SCORING PROCEDURE

The total score of 20 multiple choice items on knowledge regarding awareness and management of menopausal symptoms.

A score of “1 mark was given for every correct answer and 0” for wrong answer.

The knowledge score was ranged as follows:

Level of knowledge	score
Adequate knowledge	76% - 100%
Moderately adequate knowledge	51% - 75%
Inadequate knowledge	0% - 50%

The expressed practice score was ranged as follows:

The score of “0 for never, 1 for Occasional and 2 for always”.

Level of practice	score
Favorable practice	76%-100%
Moderately favorable practice	51%-75%
Unfavorable practice	0%-50%

VALIDITY

The tool was evaluated by 5 experts who were requested to give their valuable suggestions about the content areas, relevance, clarity and appropriate need of the items. Experts suggested that there was no modification in the tool. So that the major study was carried out with 30 samples.

RELIABILITY

Reliability of the tool was assessed by split half technique using spearman brown formula. The reliability of knowledge was 0.78 the expressed practice was 0.75.

PILOT STUDY

In order to check the feasibility and practicability, pilot study was conducted from 15.6.2010 to 30.6.2010 in selected schools in Thanjavur. A total of 5 teachers were selected and conducted the pre test regarding knowledge and expressed practice on awareness and management of menopausal symptoms. Then IEC package was administered and after 15 days, post test was conducted these 5 teachers were not included in the main study. The data collected were amenable to statistical analysis and thus the study was found to be feasible.

DATA COLLECTION PROCEDURE

The data collection period was from 14.7.2010 to 30.08.2010. Before starting data collection the researcher obtained formal permission from the headmistress of the school. The samples were selected by non probability convenience sampling technique and pre experimental one group pretest post test design was used. The data were collected on Monday to Saturday six days of the week. The timing of data collection was from 9.00 am to 5.00 pm as per the convenience of the teachers. The researcher identifies the teachers within the age group of 45- 55 years within the period of 6- 18 months menopausal period.

The teachers were first met by the researcher; rapport developed and the researcher obtained oral consent from all the participants. First pre-test questionnaire was given to them and it was collected to them after the completion. The investigator was with them during the administration of questionnaire either during the lunch time or leisure time according to the convenience of the teacher. The IEC package was administered for 30 minutes followed by 15 minutes so that their doubts

were clarified and there was 10 minutes of interactive session. The investigator was able to complete 3 samples daily. After 15 days, post test was conducted to assess the knowledge and expressed practices.

PLAN FOR DATA ANALYSIS

All the analysis was done by SPSS 13th version.

The collected data would be tabulated to represent the findings of the study.

Percentage, mean, chi – square and standard deviation would be used to know the association between background variables and the post-test scores.

Correlation would be used to determine the relationship between knowledge and expressed practice. (Pearson's correlation).

Paired 't' test was used to compare the pretest scores and the posttest scores.

ETHICAL CONSIDERATION

The research proposal was approved by the dissertation committee prior to the pilot study. Permission was obtained from the coordinator, the principal Dr.Sakunthala College of nursing and the head mistress of the school to conduct the study. The oral consent was obtained from each participant of the study before starting the data collection. Assurance was given to the subject that the anonymity of each individual would be maintained.

CHAPTER – 1V

INTRODUCTION

The data themselves do not provide answer to research questions. So the data need to be processed and analyzed in an orderly coherent fashion. After the analysis, they must be systematically interpreted. Interpretation is the process of making sense of the results and examining their implications.

The chapter deals with the description of the sample, analysis and interpretation of the data to determine the effect of IEC Package on knowledge and expressed practices on awareness and management of menopausal symptoms among teachers.. The data obtained are classified, grouped and analyzed statistically based on the objectives of the study.

OBJECTIVES OF THE STUDY

The following objectives were set for the study.

1. To assess the level of knowledge on awareness and management of menopausal symptoms among the teachers before and after IEC package administration.
2. To assess the expressed practice on awareness and management of menopausal symptoms among the teachers before and after IEC package administration.
3. To evaluate the effectiveness of IEC package on awareness and management of menopausal symptoms among teachers.

4. To correlate the knowledge and expressed practice regarding awareness and management of menopausal symptoms among teachers.
5. To find out the association between the selected demographic variables with the level of knowledge after IEC package administration.
6. To find out the association between the selected demographic variables with the level of expressed practice after IEC package administration

ANALYSIS AND INTERPRATATION OF DATA

The analysis of the data was organized and presented under the following heading.

SECTION – I Frequency, percentage distribution of
demographic variables of teachers.

SECTION – II Knowledge and expressed practice scores of
awareness and Management of menopausal
symptoms among teachers before and after IEC
package Administration

SECTION-III Comparison of mean scores between pretest and
post test

SECTION- IV Correlation between knowledge and expressed
practice scores of pretest and post test

SECTION – V Association between the selected background variables and post test level of knowledge and post test level of expressed practice of awareness and management of menopausal symptoms among teachers. This section deals with demographic variables of the samples.

SECTION-I

This section deals with Background variables of the samples.

Table-1

Frequency distribution of sample according to their Back ground variables

N=30

S.NO.	Back ground variables	n	%
1.	Age of the teacher (years)		
	a) 45 – 50	11	37
	b) 51 – 55	19	63
2.	Religion		
	a) Hindu	11	37
	b) Christian	14	47
	c) Muslim	5	16
3.	Number of children		
	a) One child	15	50
	b) Two children	12	40
	c) Above two children	3	10
4.	Type of family		
	a) Joint family	19	6
	b) Nuclear family	11	37
(contd...)			

5.	Subjects areas of teacher		
	a) Arts	14	47
	b) Science	16	53
6.	Menopausal status		
	a) 6 – months	8	26
	b) 7-12 months	11	37
	c) 13-18	11	37

Table – 1 describes the frequency distribution of sample according to their Background variables.

The following inferences could be made are

Majority of the teachers 19 (63) were at the age group of 51 -55 years, 11 (37) of them were 45-50 years.

Religion shows that majority of them 14 (47) were Christian, 11 (37) of them were Hindu, 5 (16) of them were Muslim.

Most of the teachers 15 (50) have one child, 12(40) of them have two children, 3 (10) of them have above two children.

Majority of the study subjects 19(63) were living as joint family, 11 (37) of them were nuclear family.

Most of the subject areas of the teachers 16 (53) were science, 14 (47) of them were arts teacher.

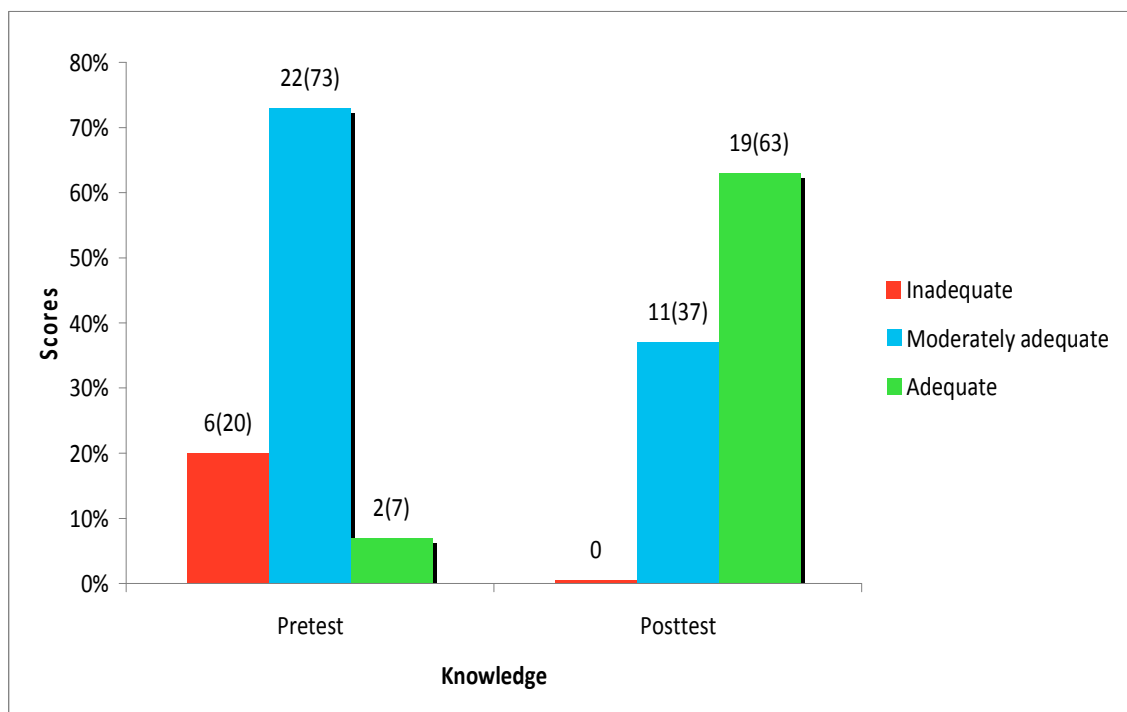
Menopausal status shows Most of the teachers 11 (37) were 7-12 months, 11 (37) of them were 13-18 months, 8 (26) of them were 6 months.

SECTION – II

This section deals with the knowledge scores before and after IEC package.

Figure -2

Percentage distribution of knowledge scores of menopausal teachers before and after IEC package administration.

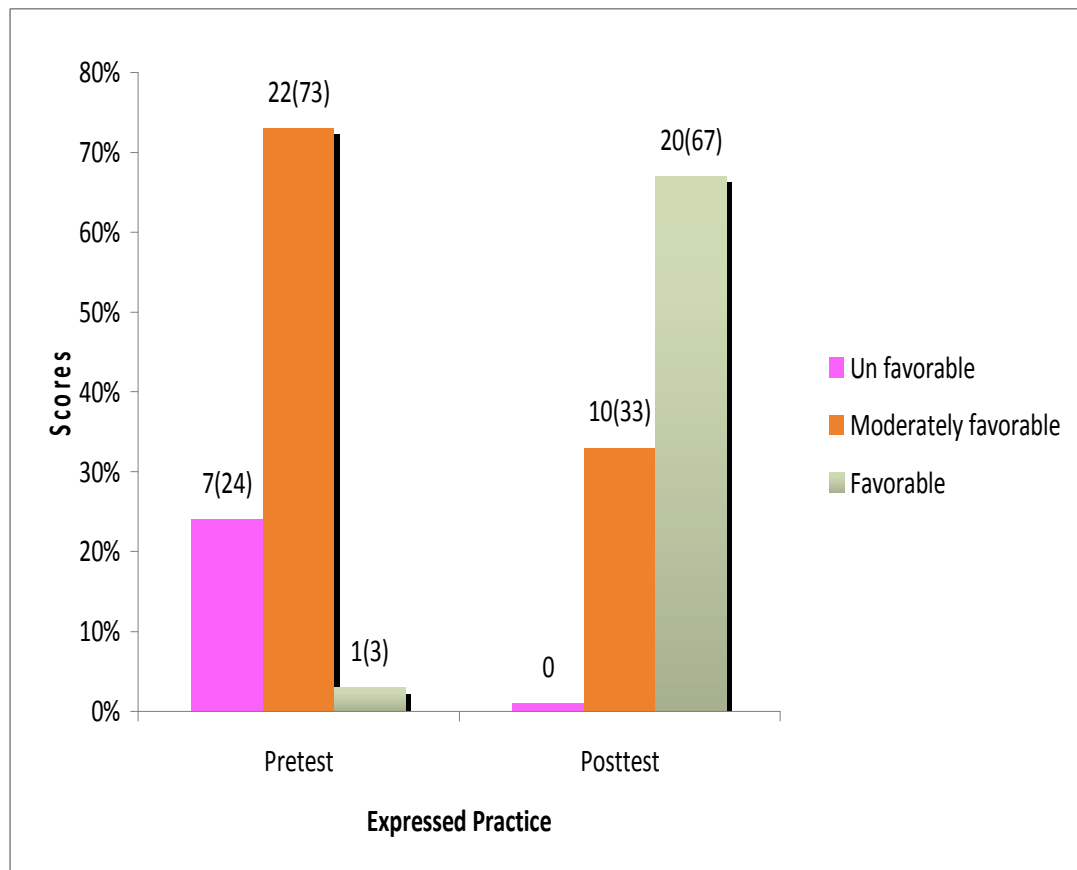


The following inferences could be made are

The level of knowledge during pretest was inadequate among 6 (20) of subjects, moderately adequate among 22 (73) of subjects, adequate 2 (7) Whereas during the post test was adequate among 19(63) of the subjects, moderately adequate among 11 (37) of the subjects.

Figure -3

Percentage distribution of Expressed practice scores of menopausal teachers before and after IEC package.



The inferences made are

The level of Expressed practices during pretest was unfavorable among 7(24) of subjects, moderately favorable practice among 22(73) of subjects, favorable practice among 1(3) of subjects. Whereas during the post test was favorable practice among 20(67) of the subjects, moderately favorable practice among 10 (33) of the subjects

SECTION-III

This section deals with the comparison of mean scores between pretest and posttest knowledge and expressed practice scores before and after IEC package administration.

Table-2

Comparison of mean pretest and post test level of knowledge and expressed practice scores before and after IEC package administration.

Components	Pretest Mean	Post test Mean	Mean difference	Standard Deviation	Paired 't' test
Knowledge	60.57	72.30	11.73	7.367	8.713*
Expressed Practice	64.20	75.10	10.9	5.833	10.235*

* Significant at $p < 0.05$ level

The inferences made are

The mean posttest knowledge (72.30) was higher than the mean pretest knowledge (60.57) with the standard deviation (7.376) and the obtained 't' value ($t=8.713$) was significant at $p < 0.05$. Where as the mean post test expressed practice (75.10) was higher than the mean pre test expressed practice (64.20) with the standard deviation (5.333) and the obtained 't' value ($t=10.235$) was significant at $p < 0.05$ level.

So the stated research hypothesis 1 (H1) and 2(H2) was accepted.

SECTION-IV

This section deals with correlation between knowledge and expressed practice scores of the post test.

Table-3

Correlation between knowledge and expressed practice scores of the post test.

Components	Mean	Standard Deviation	r
Knowledge	69.17	11.827	0.889**
Expressed Practice	73.90	11.436	

**Significant at $p < 0.01$

The inferences made are

There was a significant positive correlation ($r = 0.889$) between the post test level of knowledge (mean = 69.17 standard deviation = 11.827) and post test level of expressed practice (mean = 73.90, standard deviation=11.436) of awareness and management of menopausal symptoms among teachers significant at $p < 0.01$.

Hence the stated hypothesis 3(H3) was accepted.

SECTION-V

This section deals with the association between the selected background variables of the sample and the post test knowledge and Expressed practice.

Table- 4

Association between the selected back ground variables and the post test knowledge of awareness and management of menopausal symptoms among teachers.

S.No.	Background Variables	Post test Knowledge		χ^2
		Adequate	Moderately adequate	
1.	Age of the teacher (years)			
	a) 45-50	6	5	.578
	b) 51-55	13	6	
2.	Religion			
	a) Hindu	7	4	3.967
	b) Christian	7	7	
	c) Muslim	5	0	
3.	Number of children			
	a) One child	8	7	1.364
	b) two children	9	3	
	c) Above two children	2	1	

(contd...)

4.	Type of family			
	a) Joint family	11	2	.660
	b) Nuclear family	8	3	
5.	Subjects areas of teacher			
	a) Arts	7	7	2.010
	b) Science	12	4	
6.	Menopausal status			
	a) 6-months	4	4	5.729**
	b) 7-12 months	5	6	
	c) 13-18 months	10	1	

**Significant at $P < 0.01$ level

The inferences made are

Significant association was found between the back ground variable menopausal status with post test level of knowledge ($\chi^2 = 5.729$, $df = 2, p < 0.01$). There was no significant association found between the post test level of knowledge and selected back ground variables such as religion, number of children, type of family, subjects areas of the teacher.

So the hypothesis 4(H4) was accepted.

Table-5

This section deals with the association between the selected background variables and the post test expressed practice of awareness and management of menopausal symptoms among teachers.

S.No.	Background Variables	Post test Expressed practice		χ^2
		Adequate	Moderately adequate	
1.	Age of the teacher (years)			
	a) 45-50	7	4	.072
	b) 51-55	13	6	
2.	Religion			
	a) Hindu	8	3	4.432
	b) Christian	7	7	
	c) Muslim	5	0	
3.	Number of children			
	a) One child	8	7	2.700
	b) two children	10	2	
	c) Above two children	2	1	
4.	Type of family			
	a) Joint family	12	7	.287
	b) Nuclear family	8	3	

cont..

5.	Subjects areas of teacher			
	a) Arts	8	6	1.071
	b) Science	12	4	
6.	Menopausal status			
	a) 6-months	4	4	8.727**
	b) 7-12 months	5	6	
	c) 13-18 months	11	0	

**Significant at P < 0.01 level

The inferences made are

Significant association was found between the back ground variable menopausal status with post test level of expressed practice ($\chi^2=8.727, df=2, p<0.01$). There was no significant association found between the post test level of expressed practice and selected back ground variables such as religion, number of children, type of family, subjects areas of the teacher.

So the hypothesis 5(H5) was accepted.

CHAPTER – V

This chapter deals with the discussion of the study findings. The aim of the study was to assess the effectiveness of IEC Package on knowledge and expressed practice on awareness and management of menopausal symptoms among teachers.

A pre experimental design was used to conduct the study. Knowledge and expressed practice were assessed by using self administered knowledge questionnaire and expressed practice questionnaire. Non probability convenience sampling technique was used. The study sample consisted of 30 high school teachers within the period of 6- 18 months of menopausal period. Using the above tool, data were collected and analyzed through descriptive analysis (number, percentage, mean and standard deviation) and inferential analysis (paired t' test, correlation and chi square) The study findings revealed the following.

According to table – 1, the study subjects showed the frequency and percentage distribution of the background variables. It has been inferred that most of the teachers 19 (63) were between 51- 55 years; Religion showed that 14 (47) them were Christians; Number of children showed that 15 (50) of them had one child ; type of family showed that 19 (63) of them were from joint family; type of teachers showed that 16 (53) of them were science teachers whereas the menopausal status 11 (37) were equally distributed between 7–12 months and 13 -18 months.

The first objective of the study was to assess the knowledge on awareness and management of menopausal symptoms among the teachers before and after IEC package administration.

In the present study, figure – 2 shows the level of knowledge during the pre test was inadequate among 6 (20) of the subjects, moderately adequate among 22 (73) of the subjects, and adequate among 2 (7) of the subjects. Whereas during the post test was, moderately adequate among 11 (37) of the subjects, and adequate among 19 (63).

The investigator found that, there was a significant increase in the level of knowledge in the mean post test (72.30) in comparison with the pre test mean value (60.57). The obtained “t” value ($t = 8.713$) was significant at $p < 0.01$ level as shown in table (2).

Though the menopausal teachers were well educated, the awareness regarding management of menopausal symptoms during the pre test was very poor due to lack of exposure to the source of information. But after giving IEC package, there was an improvement in the knowledge level.

These study findings were supported by Kanagavalli (2008) who stated that the structured teaching programme was effective to improve the knowledge of menopausal care among menopausal women. And also supported by Fox Yond. et al (2006) Allen et al (2005) and cancer nursing (2005) it is stated that menopausal women’s knowledge is inadequate and improved by an effective health education and teaching program me.

In hypothesis I (h1), it was stated that there would be a significant increase in the level of knowledge on awareness and management of menopausal symptoms among teachers after IEC package. Since the obtained “t” value was greater than the table value, the stated hypothesis (h1) was accepted.

The second objective of this study was to assess the expressed practices on awareness and management of menopausal symptoms among teachers before and after IEC package administration.

In the present study the level of expressed practice during pre test was unfavourable among 1 (3) of subjects, moderately favourable among 22 (73) of subjects and was favourable among 7 (24) subjects whereas during post test it was favourable among 20(67) of the subjects, and was moderately favourable among 10(33) of the subjects as shown in figure(3)

There was a significant difference in the mean expressed practice score between pretest (64.20) and post test (75.10). The obtained “t” value ($t = 10.235$) was significant at $p < 0.01$ level as shown in table – 2.

The investigator found that none of them had unfavourable practice score during post test. This increase in post test scores may be due to the effectiveness of IEC package. The samples were teachers, interested in to reducing the symptoms so they followed the expressed practices.

The findings were substantiated by a similar study done by Rufeena (2006) who stated that the structured teaching programme was effective to improve the level of practices of women who attained

menopause and also Kanagavalli (2008) who stated that structured teaching programme was effective in improving the level of practices among menopausal women.

In hypothesis 2 (h2), it was stated that there would be a significant difference between the pretest and post test level of expressed practice. This hypothesis was accepted by the study findings.

The third objective of this study was to evaluate the effectiveness of IEC package on awareness and management of menopausal symptoms among teachers.

Comparing to the pre test, in the post test, the teachers showed improvement in their knowledge as well as expressed practice. Thus the IEC package was effective in increasing the knowledge and expressed practice of awareness and management of menopausal symptoms among teachers as shown in table – 2 .

The study findings were supported by Kalpana (2007) who indicated that structured teaching programme was effective in improving menopausal women's knowledge and practices.

The fourth objective of the study was to correlate the knowledge and expressed practice regarding awareness and management of menopausal symptoms among teachers.

As per the study findings, table – 3 shows there was a significant correlation between the post test level of knowledge and post test level of

practices regarding awareness and management of menopausal symptoms among teachers.

The results of this study was supported by the findings of Kanagavalli (2008) who reported that there was a positive correlation between knowledge and expressed practice of menopausal care among menopausal women.

In the corresponding hypothesis 3 (h3), it was stated that there would be a significant change in knowledge and expressed practice on awareness and management of menopausal symptoms among teachers. This hypothesis was accepted by the study findings.

The fifth objective of the study was to find out the association between the selected background variables with post test level of knowledge on awareness and management of menopausal symptoms.

The present study findings in table - 4 shows that there was a significant association between the back ground variable and menopausal status with post test level of knowledge at $p < 0.01$ level. But there was no significant association between the post test level of knowledge and other background variables such as age, religion, number of children, type of teacher, type of family at $p < 0.01$ level.

Since all the women were teachers, their learning and observation capacity was high and also those working women were working had a chance of acquiring more information than others.

These findings were contrary to the study of Rufeena(2008) who stated that age and education were significantly related to menopausal knowledge. Present study findings show that only the menopausal status was significant with its associations between knowledge on awareness and management of menopausal symptoms among teachers.

In hypothesis 4 (h4) it was stated that there would be a significant association between the selected background variables and the post test level of knowledge.

Since the calculated chi-square value of menopausal status of women ($\chi^2 = 5.729$, $p < 0.01$) was greater than the table value, the hypothesis 4 (h4) was accepted.

The sixth objective of the study was to find out the association between the selected back ground variables with post test level of expressed practice on awareness and management of menopausal symptoms

The present study findings in table – 5 show that there a significant association was found only ($p < 0.01$) between the post test expressed practice variables of women such as menopausal status, there was no significant association between the post test expressed practice on awareness and management of menopausal symptoms among menopausal teachers and selected demographic variables. Such as age, religion, number of children, type of teacher, type of family.

In hypothesis 5 (h5), it was stated that there would be a significant association between expressed practices on awareness and management of menopausal symptoms among menopausal women and selected demographic variables. Since the calculated chi-square value of menopausal status ($\chi^2 = 8.727$, $p < 0.01$) is greater than the table value. The stated 5 (h5) hypothesis was accepted.

CHAPTER – VI

SUMMARY, CONCLUSION, LIMITATIONS, IMPLICATIONS AND RECOMMENDATIONS.

This chapter presents the summary and conclusions of the study, the implications for the nursing practice and recommendations for further study.

SUMMARY OF THE STUDY

A Pre Experimental study to assess the effectiveness of IEC package on knowledge and expressed practice on awareness and management of menopausal symptoms among teachers working at selected high schools in Thanjavur during the year 2010-2011.

THE FOLLOWING OBJECTIVES WERE SET FOR THE STUDY

1. To assess the level of knowledge on awareness and management of menopausal symptoms among the teachers before and after IEC package administration.
2. To assess the expressed practice on awareness and management of menopausal symptoms among the teachers before and after IEC package administration.
3. To evaluate the effectiveness of IEC package on awareness and management of menopausal symptoms among teachers.
4. To correlate the knowledge and expressed practice regarding awareness and management of menopausal symptoms among teachers.
5. To find out the association between the selected demographic variables with the level of knowledge after IEC package administration.

6. To find out the association between the selected demographic variables with the level of expressed practice after IEC package administration.

The conceptual framework of the study was based on Rosen stocks' health belief model. A pre-experimental design was used for the study. The population consisted of 30 menopausal teachers.

A Non –probability convenience sampling technique was used to select the study sample. The instrument used for data collection self administered knowledge and expressed practice questionnaire on awareness and management of menopausal symptoms among teachers.

The data were analyzed and interpreted in terms of objectives and research hypothesis. Descriptive statistics (Frequency, percentage, mean and standard deviation) and inferential statistics (paired 't' test, correlation-co-efficient and chi-square) were used to test the hypothesis.

SIGNIFICANT FINDINGS ARE AS FOLLOWS

1. Regarding distribution of sample regarding to demographic characteristics, most of the subjects were between the age group of 51 – 55 years. Majority of them were in the joint family, most of them were Christian and most of them were between 13 – 18 months of menopausal period.
2. There was inadequate pretest knowledge among 6 (20) of teachers and moderately adequate among 22 (73) of teachers and adequate with 2 (7) of teachers.

3. There was unfavourable pretest expressed practices score among 7 (24) of teachers and moderately favorable practice among 22(73) of teachers and favourable practice among 1(3) teacher.
4. IEC package was found to be effective in improving knowledge regarding awareness and management of menopausal symptoms among teachers. There was a significant difference between the mean pretest (60.57) and posttest (72.30) knowledge scores, which was significant at $p < 0.01$ level.
5. IEC package was found to be effective in improving expressed practices regarding awareness and management of menopausal symptoms among menopausal teachers. There was a significant difference $p < 0.01$ between the mean pretest (64.20) and post test (75.10) expressed practice scores.
6. There was a significant and positive correlation between knowledge (mean = 69.17, standard deviation = 11.827) and expressed practices (mean = 73.90, standard deviation = 11.436) regarding awareness and management of menopausal symptoms among teachers in the posttest. Are value was ($r = 0.889$) which was significant at $p < 0.01$ level.

Significant association was found between knowledge and demographic variable of teachers menopausal status ($\chi^2 = 5.729$, $df = 2$, $p < 0.01$)

Significant association was found between expressed practice and demographic variable of teachers menopausal status ($\chi^2 = 8.727$, $df = 2$, $p < 0.01$),

CONCLUSION

The following are the conclusions based on the study findings.

The study shows that IEC package is effective in improving knowledge and expressed practice regarding awareness and management of menopausal symptoms among menopausal women.

It also creates awareness among all teachers with menopause.

IEC package is an effective teaching aid through which the menopausal symptoms can be managed.

The study shows that there is a positive correlation between knowledge and expressed practice on awareness and management of menopausal symptoms among teachers of IEC package at $p < 0.01$ level.

The study shows that only a demographic variable menopausal status has association with knowledge and expressed practice of women at $p < 0.01$ level.

IMPLICATIONS FOR NURSING PRACTICE

The findings of the study have several implications on nursing practice, nursing education, and nursing administration.

NURSING PRACTICE

The study findings create awareness to the nurses that information, education and communication package is an effective tool for teaching that can save their time and energy. It also serves as an evidence based practice to create awareness to all teachers irrespective of their symptoms. Imparting knowledge regarding the IEC packages can be implemented in the community settings where follow up of awareness and management of menopausal symptoms are essential.

NURSING EDUCATION

The present study will help the nursing students to know the importance of using IEC package as a teaching tool. The nurse educator should encourage the students to the IEC package for preparing health teaching. Students should be given opportunity to update knowledge, regarding current standards of menopausal symptoms. All aspects of menopausal symptoms should be given special focus in the maternity nursing curriculum. In service education should be carried out periodically to teach nurses and nursing students regarding the changing trends in the menopausal symptoms.

NURSING ADMINISTRATION.

Nursing Administrator should formulate policies that will include staff and students to be actively involved in health teaching. Nurse administrator should be knowledgeable about current trends and practices

on awareness & management of menopausal symptoms. They should arrange for mass health education campaigns using IEC package. Nurse administrator should be actively involved in initiating awareness programs that will help to create awareness & management of menopausal symptoms.

NURSING RESEARCH

The research findings can be disseminated to stimulate further researchers using time series design and to observe awareness & management of menopausal symptoms. The study revealed the essential of reviewing research findings to know about current practices on menopausal symptoms & to improve the standards of menopausal teacher's health.

LIMITATIONS

1. The sample size (30) was small which restricts generalization.
2. The study assessed only the menopausal teachers' expressed practice and actual practice could not be observed.
3. Did not have control group on certain extraneous variables like sources of information after the pre-test the use one group pre test and the posttest.
4. The convenience sampling restricts the generalization.

RECOMMENDATIONS FOR FURTHER STUDY

1. The IEC package can be used to improve the knowledge and expressed practice of women in both clinical and community settings.
2. The IEC package can be used to conduct study among pre menopausal teachers.
3. Mass health education campaign can be arranged by using IEC package.
4. A similar study can be conducted with large samples.

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APPENDIX – A

LETTER REQUESTING TO VALIDATION

From

Mrs. C. Lemma Roseline,
II Year M.Sc (N),
Dr. G. Sakunthala College of Nursing,
T.V. Kovil,
Trichy – 5.

To

Through

The Principal,
Dr. G. Sakunthala College of Nursing,
T.V. Kovil,
Trichy – 5.

Respected Sir,

Sub: *Letter Requesting opinion and suggesting from Experts for establishing content validity of the tool.*

I am C. Leema Roseline, M.Sc. nursing student of Dr. G. Sakunthala College of Nursing, T.V. Kovil, Trichy – 5. As part of my course, I am doing study on the topic mentioned below.

“A Study to assess the Effectiveness of IEC package on knowledge, expressed practice on awareness and management of menopausal symptoms among teachers working at selected high schools in Thanjavur during the year 2010 – 2011”.

May I request you to go through and validate the content of the tool. Please give your valuable suggestion for modifying the tool.

Thanking you,

Your's sincerely,
C. Leema Roseline,
II Year M.Sc (N) Student,

APPENDIX – A 1

LIST OF EXPERTS CONSULTED FOR THE CONTENT VALIDITY OF RESEARCH TOOL

1. **Prof. Roseline Rachel,**
Principal,
Indira College of Nursing,
Thiruvallur.
2. **Prof. Dhanush,**
Principal,
Manukula Vinayagar College of Nursing,
Madhagadipet,
Pondicherry.
3. **Mrs. Terese,**
Principal,
Keerai Tamil Selvan College of Nursing.
4. **S. Petchiammal, M.Sc., (N),**
Principal,
Saraswathy College Nursing,
Thiruvananthapuram,
Kerala.
5. **Dr. Kanthamani, M. D., DGO., F.I.C.M.C.H.,**
Prof. In obstetrics and gynaecology
GVN Hospital, Trichy

APPENDIX – B

SELF ADMINISTERED KNOWLEDGE QUESTIONNAIRE

1. What is menopause?
 - a. Permanent cessation of Menstruation.
 - b. Irregular Menstruation
 - c. Painful menstruation
2. Which is the range of age to undergo menopause?
 - a. 40 – 45 years
 - b. 46 – 50 years
 - c. 51 – 55 years
3. At which stage the menopausal women should consult a doctor?
 - a. Increase sweating
 - b. Irregular menstruation
 - c. Increase back pain.
4. What will be the difficulties faced by menopausal women in their body?
 - a. Thinning of bones & fractures
 - b. Increase in body weight
 - c. Stomach pain
5. Which region of the body is affected frequently by aches and pains as expressed by menopausal women?
 - a. Head
 - b. Joints and Muscle
 - c. Back
6. Which is the most commonest physical symptom Experience by the menopausal women?
 - a. Hot flushes
 - b. Vomiting
 - c. Sweating
7. Which is the common infection experienced by the menopausal women?
 - a. Vaginal infection
 - b. Urinary tract infection
 - c. Skin infection.

8. Which is the most common skin problem the menopausal women will experience?
 - a. Dry & wrinkled skin
 - b. Cool skin
 - c. Hot skin
9. Which is the common sleeping problem the menopausal women will experience?
 - a. Insomnia
 - b. Sleep walking
 - c. Nocturia
10. What type of psycho sexual problems will the menopausal women experience?
 - a. Stress
 - b. Lack of interest in sex
 - c. Irritation.
11. Which is the most common psychological problem for menopausal women?
 - a. Forgetfulness
 - b. Mood changes
 - c. Depression
12. What are the common psychological manifestations of menopausal women?
 - a. Anger
 - b. Irritation
 - c. Lack of social association.
13. What kind of emotional problem the menopausal women may exhibit ?
 - a. Mood changes
 - b. Anxiety
 - c. Insomnia
14. What type of diet is advisable for the menopausal women?
 - a. Food rich in phytoestrogens
 - b. High fat and low salt diet
 - c. High Carbohydrate and high protein

15. What type of diet the menopausal women will avoid ?
 - a. Caffeine and spicy.
 - b. Calcium and protein
 - c. Food rich in estrogen.
16. What type of food rich in calcium?
 - a. Milk, green gram dhal, ragi.
 - b. Corn, maize, rice
 - c. Buttermilk, Bengal gram dhal, egg.
17. What are the basic investigations to be done during menopause age group?
 - a. Mammogram & pap test
 - b. Chest X-ray & ECG
 - c. Blood investigation & Urine examination.
18. What are the expected complications after menopause?
 - a. Heart disease, osteoporosis & breast cancer
 - b. Heart disease & osteoporosis
 - c. Heart disease & breast cancer.
19. When do you start taking precautionary measures to avoid the complications related to menopause?
 - a. Before getting symptoms
 - b. After getting symptoms
 - c. Before complications
20. How to prevent the vaginal dryness ?
 - a. Yoga, meditation
 - b. Deep breathing exercise
 - c. As per physician order use vaginal cream.

EXPRESSED PRACTICE QUESTIONNAIRE

S.No	Items	Never 0	Occasional 1	Always 2
1.	I take adequate green leafy vegetables			
2.	I drink Milk daily			
3.	I adapt a regular walking schedule			
4.	I have reduced the intake of oil in my diet			
5.	I am reading books and listening music for my relaxation			
6.	I am conscious about to taking diet rich in phytoestrogens every day			
7.	I seek medical help if any signs & symptoms arise			
8.	I practice regular physical exercise for strengthening the muscles & maintain the proper body position			
9.	I seek the help of family members to adjust the changes caused by menopause			
10.	I share the feelings with my spouse			

மாதவிடாய் நிறுத்தத்தின் போது ஏற்படும் அறிகுறிகள் பற்றி
மாதவிடாய் நிறுத்தம் உள்ள பெண்களிடம் விழிப்புணர்வு செய்யும்
கேள்விப் படிவம்.

வணக்கம்

சி.லீமாரோஸ்லீன் என்கிற நான் டாக்டர்.ஐ.சகுந்தலா செவிலியர்
கல்லூரியில் படிக்கும் மாணவி. நான் மாதவிடாய் நிறுத்தத்தின் போது
ஏற்படும் அறிகுறிகள் பற்றி, உங்களுக்குத் தெரிந்திருக்கும் தகவல்களை
அறிய விரும்புகிறேன். உங்களை இந்த ஆய்வில் பங்கெடுத்துக்
கொள்ளுமாறு வேண்டிக் கொள்கிறேன். உங்களுடைய பதில்கள்
இரகசியமாக வைத்துக் கொள்ளப்படும் என்று உறுதியளிக்கிறேன்.

டாக்டர்.ஐ.சகுந்தலா செவிலியர் கல்லூரி திருச்சிராப்பள்ளி-5
நேர்முகத் தேர்வின் வடிவமைப்பு – தமிழாக்கம்.

பகுதி 1: மாதவிடாய் நிறுத்தம் பற்றிய விவரங்கள்.

குறிப்பு : பின்வரும் விவரங்களை கவனமாக படித்து, சரியான பதிலுக்கு அதன் பக்கவாட்டில் டிக் செய்யவும்

பகுதி - அ

பொதுவான விபரங்கள்

1. வயது
அ. 45 - 50
ஆ. 51 - 55
2. மதம்
அ. இந்து
ஆ. கிருஸ்தியன்
இ. இஸ்லாமியர்
3. குழந்தைகளின் எண்ணிக்கை
அ. ஒரு குழந்தை
ஆ. இரண்டு குழந்தைகள்
இ. மூன்று மற்றும் அதற்கு மேற்பட்டவர்கள்
4. குடும்ப நிலை
அ. கூட்டுக்குடும்பம்
ஆ. தனிக்குடும்பம்
5. ஆசிரியரின் பாடப்பிரிவு
அ. கலை பாடப்பிரிவு
ஆ. அறிவியல் பாடப்பிரிவு
6. மாதவிடாய் நிரந்தரமாக நின்று போன கால அளவு
அ. 6 மாதமாக
ஆ. 7 முதல் 12 மாதத்திற்குள்
இ. 13 முதல் 18 மாதத்திற்குள்

**மாதவிடாய் நிரந்தரமாக நின்று போதல் பற்றி ஆறியக் கூடிய
அறிவினை சோதிக்கப் பயன்படுத்தப்படும் வடிவமைக்கப்பட்ட நேர்காணல்
படிவம்.**

ஒவ்வொரு வினாவிற்கும், ஒரு சரியான விடையளிக்கப்பட்டுள்ளது.
சரியான விடைக்கு 1 மதிப்பெண்ணும், தவறான விடைக்கு 0
மதிப்பெண்ணும் தரப்பட்டுள்ளது.

1. மாதவிடாய் நிறுத்தம் என்றால் என்ன?
அ. நிரந்தரமாக மாதவிலக்கு நின்று விடுவது.
ஆ. ஒழுங்கற்ற மாதவிலக்கு
இ. வலியுடன் கூடிய மாதவிலக்கு
2. ஒரு பெண்ணுக்கு சாதாரணமாக மாதவிடாய் நிரந்தரமாக நிற்கும்
வயது
அ. 40 - 45
ஆ. 46 - 50
இ. 51 - 55
3. மாதவிடாய் நிரந்தரமாக நின்று போன பெண்கள் எந்த நிலையில்
மருத்துவரின் ஆலோசனையை பெற வேண்டும்?
அ. அதிகமாக வியர்க்கும் நிலை
ஆ. ஒழுங்கற்ற மாதவிலக்கு
இ. அதிகமாக உடல் வலி
4. மாதவிடாய் நிரந்தரமாக நின்று போன பெண்களுக்கு உடம்பில்
ஏற்படக்கூடிய தொந்தரவுகள்?
அ. எழும்பு தேய்வு மற்றும் எழும்பு முறிவு
ஆ. உடல் எடை அதிகரித்தல்
இ. வயிற்று வலி
5. மாதவிடாய் நிரந்தரமாக நின்ற பெண்களின் கூற்றுப்படி உடம்பின்
எப்பகுதி வலியினால் பாதிக்கப்படுகிறது?
அ. தலை
ஆ. மூட்டு மற்றும் தசை
இ. முதுகு
6. மாதவிடாய் நிரந்தரமாக நின்ற பெண்கள் அனுபவிக்கும் பொதுவான
உடல் ரீதியான அறிகுறிகள்
அ. தீரென உடல் சூடாகி பின்னர் வியர்த்து குளிர்ந்துவிடுதல்
ஆ. வாந்தி
இ. வியர்த்தல்

7. மாதவிடாய் நிரந்தரமாக நின்ற பெண்களுக்கு ஏற்படக்கூடிய பொதுவான தொற்று நோய் எது,
அ. பிறப்பு உறுப்பு தொற்று நோய்
ஆ. சிறுநீராக வழி பாதை தொற்று நோய்
இ. தோல் தொற்று நோய்.
8. மாதவிடாய் நிரந்தரமாக நின்ற பெண்கள் அனுபவிக்கும் பொதுவான தோல் பிரச்சனை.
அ. உலர்ந்த மற்றும் சுருங்கிய தோல்
ஆ. குளர்ந்த தோல்
இ. கூடான தோல்
9. மாதவிடாய் நிரந்தரமாக நின்ற பெண்கள் பொதுவாக அனுபவிக்கும் தூக்கம் சம்மந்தமான தொந்தரவு எது?
அ. தூக்கமின்மை
ஆ. தூக்கத்தில் நடத்தல்
இ. தூங்கும் பொழுது படுக்கையில் சிறு நீர் கழித்தல்
10. மாதவிடாய் நிரந்தரமாக நின்ற பெண்கள் அனுபவிக்கும் மன மற்றும் பாலூறவு சம்மந்தமான பிரச்சனைகள் என்ன?
அ. மன அழுத்தம்
ஆ. பாலூறவில் ஆர்வமின்மை
இ. மன எரிச்சல்
11. மாதவிடாய் நிரந்தரமாக நின்ற பெண்களின் பொதுவான மன ரீதியான பிரச்சனை என்ன?
அ. மறதி
ஆ. மன நிலை மாற்றங்கள்
இ. மன அழுத்தம்
12. மாதவிடாய் நிரந்தரமாக நின்ற பெண்களுக்கு பொதுவாக ஏற்படும் மன ரீதியான அறிகுறிகள் யாவை?
அ. கோபம்
ஆ. மன எரிச்சல்
இ. சமூக உறவில் ஆர்வமின்மை
13. மாதவிடாய் நிரந்தரமாக நின்ற பெண்கள் எந்தவிதமான உணர்வு ரீதியான பிரச்சனைகளை ஏற்படுத்துவார்கள்?
அ. மன நிலை மாற்றங்கள்
ஆ. கவலை
இ. உறக்கமின்மை
14. மாதவிடாய் நிரந்தரமாக நின்ற பெண்களுக்கு என்னவிதமான உணவு முறை அறிவுறுத்தப்படுகிறது?
அ. ஈஸ்ட்ரோஜன் அதிகமுள்ள உணவு
ஆ. கொழுப்பு சத்து அதிகமுள்ள உணவு
இ. மாவு சத்து அதிகமுள்ள உணவு

15. மாதவிடாய் நிரந்தரமாக நின்ற பெண்கள் எந்த மாதிரியான உணவு வகைகளை தவிர்க்க வேண்டும்?
அ. கபின் மற்றும் கார உணவு
ஆ. கால்சியம் மற்றும் புரதச்சத்து
இ. ஈஸ்ட்ரோஜன் அதிகம் உள்ள உணவு
16. கால்சியம் சத்து அதிகம் உள்ள உணவு எது?
அ. பால், பாசிபயறு, ராகி
ஆ. சோளம், கம்பு, அரிசி
இ. கொண்டைக் கடலை, முட்டை, மோர்
17. மாதவிடாய் நிரந்தரமாக நின்ற பெண்களுக்கான அடிப்படை சோதனை முறைகள் என்ன?
அ. மாமோகிராம் மற்றும் பேப் சோதனை
ஆ. மார்பு படம் மற்றும் இ.ச.ஐ
இ. இரத்தம் மற்றும் சிறுநீர் பரிசோதனை
18. மாதவிடாய் நிரந்தரமாக நின்ற பின் எதிர்பார்க்கக்கூடிய பின் விளைவுகள் யாவை?
அ. இதய நோய், எழும்பு தேய்தல் மற்றும் மார்பு புற்று நோய்
ஆ. இதய நோய், எழும்பு தேய்தல்
இ. இதய நோய், மார்பு புற்று நோய்
19. மாதவிடாய் நிரந்தர நிறுத்தத்தின் பின் பிளைவுகளை தவிர்க்க தேவையான முன் எச்சரிக்கை வழிமுறைகளை எப்போது எடுக்க வேண்டும்?
அ. அறிகுறிகள் வருவதற்கு முன்
ஆ. அறிகுறிகள் வந்த பிறகு
இ. பின் விளைவுகள் வருவதற்கு முன்
20. பிறப்பு உறுப்பு உலர்வதை தடுக்க என்ன மாதிரியான உடற்பயிற்சி செய்ய வேண்டும்?
அ. யோகா, தியானம்
ஆ. மூச்சை இழுத்து விடுதல்
இ. மருத்துவரின் ஆலோசனை பெற்று பிறப்பு உறுப்பு கிரீம் உபயோகிக்கலாம்.

செயல்முறை பற்றிய கேள்வித் தொகுப்பு

எண்	கேள்விகள்	ஒரு போதும் இல்லை	எப்பொழுதாவது	எப்பொழுதும்.
1.	நான் தினமும் அதிக அளவு பச்சை காய்கறிகளை எடுத்துக் கொள்வேன்			
2.	நான் தினமும் பால் குடிப்பேன்			
3.	நான் தினமும் நடைப்பயிற்சி மேற்கொள்வேன்			
4.	என்னுடைய உணவில்கொழுப்பு சத்து குறைவாக உள்ள உணவை எடுத்துக் கொள்வேன்			
5.	நான் பொழுது போக்குக்காக புத்தகம் படிப்பேன், பாட்டு கேட்பேன்			
6.	நான் ஈஸ்ட்ரோஜன் அதிகம் உள்ள உணவை உட்கொள்வதில் கவனமாக இருப்பேன்			
7.	நான் எனக்கு ஏதாவது தொந்தரவு ஏற்பட்டால் உடனே மருத்துவரை அனுகுவேன்			
8.	நான் தினமும் உடற்பயிற்சி செய்வேன். எனது தசைகள் மற்றும் உடல் நிலையை			
9.	நான் மாதவிடாய் நிரந்தரமாக நின்று விடுவதல் ஏற்படும் மாற்றத்தை சமாளிப்பதற்காக எனது குடும்பத்தாரின் உதவியை நாடுவேன்			
10.	என்னுடைய பிரச்சனைகளை என் கணவருடன் பகிர்ந்து கொள்வேன்.			

APPENDIX - C

S. No	Specific objectives	Time	CONENTS	Teacher's activity	Learner's activity	Evaluation
		1 min	<p>Introduction</p> <p>Good morning. I am Mrs. Leema Roseline, doing M.Sc(N) – II year in Dr.G.Sakunthala College of Nursing at Trichy.</p> <p>Now I am going to explain you about awareness and management of menopausal symptoms causes signs and symptoms and its management etc.,</p>			
1.	Define Menopause	2 min	<p>Definition</p> <p>Menopause means permanent cessation of menstruation the end or reproductive life due to ovarian follicular inactivity</p>	Explaining with power point presentation	Observing and listening	What is Menopasue?

			Menopause over view Menopause is a normal physiological process in women that usually occurs after the age of 40.			
2.	List the symptoms of menopause	5 min	<p>Signs and symptoms</p> <ul style="list-style-type: none"> Hot flashes of flushes can be mild or severe, but in general the involve a fast spreading sensation of warmth through the face, neck and shoulders due to vasodilatation of the blood vessels in the skin. A sudden, strong feeling of warmth that often starts in the chest area and moves to the neck and face. Sweating, anxiety and pounding 	Explaining with power point presentation	Observing and listening	What are the symptoms

3.	Discuss the Management of menopause	5 min	<p>heart beat may also occur.</p> <ul style="list-style-type: none"> • Some people have one or two hot flashes a day, others have as many as three an hour. • They can come on suddenly during the day and can interrupt sleep at night. <p>Management of hot flashes</p> <ul style="list-style-type: none"> • Wear absorbent, cotton clothing • Dress in layers with light weight clothing • Get regular exercise. • Sleep near an open window • Avoid hot baths or showers in the 2 hours before going to bed. <p>Diet modification.</p> <ul style="list-style-type: none"> • Avoid caffeine and spicy food 	Explaining with Hand out	Observing and listening	What are the Management?
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			<ul style="list-style-type: none"> Phytoestrogens <p>Also known as dietary estrogens, refer to estrogens occurring in foods such as legumes, flaxseed, whole grains and some fruits and vegetables. Soy foods (soybeans)</p> <ul style="list-style-type: none"> Spinach, broccoli, cabbage Snack on nuts (walnuts) Seeds (pumpkin, sunflower linseeds. Dried fruit (apricots, figs) 			
4.	Discuss the Vaginal dryness	5 min	<p>Vaginal Dryness</p> <p>Vaginal dryness, can occur at any point in a woman’s life, this troubling condition is more likely during menopause due to decreasing levels of estrogen in the body.</p>	Explaining with Hand out	Observing and listening	

			<p>Causes of vaginal Dryness</p> <p>During the menopausal transition the ovaries begin to produce less estrogen in preparation for the cessation of menstruation.</p> <p>The decrease in estrogen is the primary cause of vaginal dryness during menopause, which typically begins in a woman's 40s to 50s.</p> <p>Symptoms of vaginal dryness</p> <ul style="list-style-type: none"> • Itching • Light bleeding with sex • Painful intercourse • General discomfort • Burning 		

5.	List the causes of mood swings	5 min	<p>extreme or abrupt fluctuations in mood.</p> <p>During mood swings, people often experience drastic term “mood swing is often used to describe an emotional location that is in appropriate to its cause or trigger.</p>	Explaining with Hand out	Observing and listening	
			<p>Causes of mood swings</p> <ul style="list-style-type: none"> • Hormonal causes of mood swings • Night sweats • Hot flashes • Physical changes • Fatigue <p>Symptoms of mood swings</p> <ul style="list-style-type: none"> • frequent mood changes • un explainable emotions • Depression • Sadness 			

			<ul style="list-style-type: none"> • Lack of motivation • Irritability • Aggression • Increased stress • Anxiety • Nervousness <p>Management</p> <ul style="list-style-type: none"> • Life style changes • Getting enough sleep & maintaining a healthy diet rich in nutrients 			
6.	Define Osteoporosis	5 min	<p>Osteoporosis</p> <p>Osteoporosis is a silent disease that affects millions of post menopausal; women making their bones weak and more likely to fracture over time.</p> <p>Causes</p>	Explaining with Hand out	Observing and listening	

			<ul style="list-style-type: none">• Low estrogen level in women such as occur in menopause• Diet low in calcium• Lack of exercise <p>Signs and symptoms</p> <ul style="list-style-type: none">• Lower back pain• Joint pain• Hunched back• Dowager hump• Fracture <p>Management</p> <ul style="list-style-type: none">• Exercise• Walking• 1,000m.g per day pre menopausal women and post menopausal women		

			<ul style="list-style-type: none"> • 300m.g. calcium in an 8 – ounce glass of milk • 90mg of calcium in ½ cup of Vanilla ice cream • 300m.g. of calcium in 8 ounces of calcium – fortified orange juice. 			
		2 min	<p>Summary</p> <p>So far we have seen about Menopause definition causes and symptoms and its management.</p>			

மாதவிலக்கு நிரந்தரமாய் நின்று விடுதல் குறித்த விழிப்புணர்வு மற்றும் சிகிச்சை முறைகள்

பாடம்	:	மாதவிலக்கு நிரந்தரமாய் நின்று விடுதல் பற்றிய விளக்க உரை
குழு	:	உயர்நிலைப்பள்ளி ஆசிரியர்கள்
நேரம்	:	30 நிமிடம்
இடம்	:	பள்ளி வளாகம்
கற்பிக்கும் முறை	:	விரிவுரை மற்றும் கலந்தாய்வு
கற்பிக்க உதவும் உபகரணங்கள்	:	கையேடு, கனிணி மூலம் விளக்கம்.

வ. எண்.	குறிப்பிட்ட பொருளுரை	நேரம்	பொருளடக்கம்	கற்பிப்பவரின் செயல்	கற்போரின் செயல்	மதிப்பிடுதல்
			<p>முன்னுரை:</p> <p>காலை வணக்கம் என் பெயர் சி.லீமாரோஸ்லீன்.</p> <p>நான் Dr.G.சகுந்தலா செவிலியர் கல்லூரியில் இரண்டாம் ஆண்டு முதுகலை செவிலியர் பட்டப்படிப்பு பயில்கிறேன். நான் இப்பொழுது உங்களுக்கு மாதவிடாய் நிரந்தரமாக நின்று விடுதல் குறித்த விழிப்புணர்வு மற்றும் சிகிச்சை முறை பற்றி தெளிவான விளக்க உரை அளிக்க உள்ளேன்.</p> <p>மாதவிடாய் நிரந்தரமாய் நின்று விடுதல் என்பது யாது?</p> <p>மாதவிலக்கு நிரந்தரமாக நின்று விடுதல் என்பது அண்டத்தின் செயல் திறன் குறைவினால் இனப்பெருக்க காலத்தின் முடிவில் மாதவிடாய் நிரந்தரமாக நின்று விடுதல்.</p>			
1.	மாதவிடாய் நிரந்தரமாய் நின்று விடுதல் என்பது யாது?	2நிமி		கனிணி மூலம் விளக்குதல்	கவனித்தல் மற்றும் பங்கேற்றல்	மாதவிடாய் நிரந்தரமாக நின்று விடுதல் என்பது என்ன?

2.	<p>ஹாட் பிளஸ்ஸஸ் என்றால் என்ன?</p>	5நிமி	<p>ஹர்மோன் மாற்றத்தினால் அதிக வியர்வையுடன் உடலில் ஏற்படும் உஷ்ணம் அறிகுறிகள்</p> <p>முகம் கழுத்து தோள்பட்டை ஆகியவற்றில் அதிக உஷ்ணம்.</p> <p>புயத்துடன் கூடிய வியர்வை மற்றும் இதயத்துடிப்பு அதிகரித்தல்.</p> <p>இரவு நேரத்தில் அதிகபடியான உஷ்ணம்.</p> <p>சிகிச்சை முறை</p> <p>(திடீர் வியர்வையுடன் உஷ்ணம், நெஞ்சு, கழுத்து, முகம்</p> <p>1. இரவு நேரங்களில் தூங்கும் பொழுது காட்டன் ஆடைகளை அணிய வேண்டும்.</p> <p>2. பசலி கீரை, சேனைக்கிழங்கு, பச்சைகீரைகள், சோயாபீன்ஸ் போன்ற உணவு வகைகளில் ஈஸ்ட்ரோஜன் அதிகமாக இருப்பதால் அதை உட்கொள்ள வேண்டும்.</p> <p>3. தினமும் அதிக தண்ணீர் பருக வேண்டும்</p> <p>4. தூங்குவதற்கு முன்பு சூடான தண்ணீரில் குளிப்பதனை தவிர்க்க வேண்டும்.</p>	கையெடு மூலம் விளக்குதல்	கையெடு கவனித்தல்	ஏதேனும் இரண்டு அறிகுறிகள் யாவை?
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3.	பிறப்பு உறுப்பு உலர்ந்து விடுதல் என்றால் என்ன?	5 நிமி	பிறப்பு உறுப்பு உலர்ந்து விடுதல் மாதவிடாய் நிறுத்தத்தின் பொழுது அண்டத்தில் சுறக்கும் ஈஸ்ட்ரோஜன் என்ற ஹார்மோனின் அளவு குறைவதால் பிறப்பு உறுப்பு உலர்ந்து விடுகிறது. அறிகுறிகள் பிறப்பு உறுப்பில் அரிப்பு ஏற்படுதல் உடலுறவின் பொழுது இரத்த கசிவு உடலுறவின் பொழுது வலி ஏற்படுதல் எரிச்சல் அடிக்கடி சிறுநீர் கழித்தல்	கையெடு மூலம் விளக்குதல்	கையெடு கவனித்தல்
4.	சிகிச்சை முறை பற்றி அறிதல்	3 நிமி	சிகிச்சை முறை 1. தியானம், யோகா போன்ற உடற்பயிற்சி தினமும்செய்ய வேண்டும். 2. சோயா பீன்ஸ், சோயா மாவு, அத்திப்பழம் போன்றவைகளை உணவில் சேர்த்து கொள்ள வேண்டும். 3. தனக்கு ஏற்படும் பிரச்சனைகளை கணவருடன் பகிர்ந்து கொள்ள வேண்டும்.		

			4. மருத்துவரின் ஆலோசனை பெற்று ஈஸ்ட்ரோஜன் பிறப்பு உறுப்பு கிரீம் உபயோகிக்கலாம்.			
5.	மன நிலை தடுமாற்றம் பற்றி அறிந்து கொள்ளு - தல்	5 நிமி	<p>மன நிலை தடுமாற்றம் என்றால் என்ன?</p> <p>மாதவிடாய் நிரந்தரமாக நின்று விடுதல் காரணமாக மன நிலை மாற்றம், கோபம், வெறுப்பு தேவையில்லாத மனக் குழப்பம் மற்றும் அடிக்கடி மன தடுமாற்றம் ஏற்படுதல் சிகிச்சை முறை</p> <ol style="list-style-type: none"> 1. பாலில் L-டிரிப்டோபன் இருப்பதால் தூங்குவதற்கு முன் பால் குடிக்க வேண்டும். 2. சிறிய உடற்பயிற்சியான நடை பயிற்சியினை தினமும் மேற்கொள்ள வேண்டும். 3. கவனத்தை திசை திருப்பக்கூடிய வேலைகள் தோட்டத்தை பராமரித்தல், பாட்டு கேட்டல், புத்தகம் படித்தல் கூடாபின்னுதல் போன்ற செயல்களை செய்ய வேண்டும். 4. தியானம் செய்ய வேண்டும். 	கையெழுத்து மூலம் விளக்குதல்	கையெழுத்து கவனித்தல்	

6	எலும்பு தேய்தல் பற்றி அறிந்து கொள்ளு தல்	5 நிமி	<p>எலும்பு தேய்தல் என்றால் என்ன?</p> <p>மாதவிடாய் நிரந்தர நிறுத்தத்தின் பொழுத ஹார்மோன் அளவு குறைவதால் எலும்பு தேய்வு ஏற்படுகிறது.</p> <p>காரணங்கள்</p> <p>ஈஸ்ட்ரோஜனின் அளவு குறைந்து விடுதல்,</p> <p>கால்சியம் சத்து குறைவான் உணவு உட்கொள்ளாதல்</p> <p>குறைவான உடற்பயிற்சி</p> <p>அறிகுறிகள்</p> <p>முதுகு வலி, மூட்டுவலி, கூனு முதுகு எலும்பு முறிவு</p>	கையெழு மூலம் விளக்குதல்	கையெழு கவனித்தல்	
7.	சிகிச்சை முறை பற்றி அறிந்து கொள்ளுதல்	5 நிமி	<p>சிகிச்சை முறை</p> <p>1. கால்சியம் சத்து அதிகம் உள்ள உணவை உட்கொள்ள வேண்டும் (எ-கா) பச்சை காய்கறிகள், பருப்புவகைகள், ராகி, பால், முட்டை.</p>	கையெழு மூலம் விளக்குதல்	கையெழு கவனித்தல்	

			2.தினமும் 1000 மி.கிராம் கால்சியம் எடுத்துக்கொள்ள வேண்டும். 3. தினமும் 30-45 நிமிடம் நடைபயிற்சி செய்ய வேண்டும். 4. 1/2 கப் வெண்ணிலா ஐஸ்கிரீமை 90 மி.கிராம் கால்சியம் உள்ளது, 240 மி.லிட்டர் பாலில் 300 மி.கிராம் கால்சியம் சத்து உள்ளது.		

முடிவுரை

இதுவரையில் மாதவிடாய் நிரந்தரமாக நின்று விடுதல் பற்றியும் அதன் அறிகுறிகள் காரணங்கள், சிகிச்சை முறைகள் பற்றியும் மிகவும் விளக்கமாக அறிந்து கொண்டோம். ஆகவே நீங்கள் இந்த விளக்கவுரை மூலம் அறிந்து கொண்டதை வாழ்க்கையில் கடைப்பிடித்து நோயற்ற வாழ்வை பெறுங்கள்.

நன்றி வணக்கம்.

APPENDIX – D

LETTER SEEKING PERMISSION TO CONDUCT THE RESEARCH STUDY

From

C. Leema Roseline,
II Year M.Sc (N),
Dr. G. Sakunthala College of Nursing,
Thiruvanaikovil,
Trichy – 5.

To

The Principal,
Dr. G. Sakunthala College of Nursing,
Thiruvanaikovil,
Trichy – 5.

Respected Madam,

Sub: *Letter seeking permission to conduct the study.*

I am final year M.Sc., Nursing student of Dr. G. Sakunthala College of Nursing. I would like to conduct a study as a part of partial fulfillment for the degree of masters in Nursing. The statement of the problem is “A Study to assess the Effectiveness of IEC package on knowledge, expressed practice on awareness and management of menopausal symptoms among teachers working at selected high schools in Thanjavur during the year 2010 – 2011”. Kindly grant me permission to conduct the study.

Thanking you in anticipation.

Your's faithfully,
C. Leema Roseline

APPENDIX – E

LETTER SEEKING PERMISSION TO CONDUCT STUDY AT SELECTED HIGH SCHOOL, THANJAVUR

From

The Principal
Dr.G.Sakunthala College of Nursing,
Trichy -5.

To

The Headmistress,
Black Higher Secondary School,
Thanjavur.

Respected sir/mam,

Sub: *Requesting permission to conduct the study regarding.*

We would like to state that Mrs.Leema Roseline, II year M.Sc(N) student of our college, wishes to conduct a study which is to be submitted to The Tamil Nadu Dr.M.G.R Medical University, Chennai, as a partial fulfillment of her P.G.Degree programme. The title of the study is.

“A Study to assess the Effectiveness of IEC package on knowledge, expressed practice on awareness and management of menopausal symptoms among teachers working at selected high schools in Thanjavur during the year 2010 – 2011”.

Hence we request you to kindly consider this & permit her to do the research work in your esteemed institution among menopausal women. She will abide by the institution's policies.

Thanking you in anticipation.

Place:

Yours sincerely,

Date:

APPENDIX – F
REQUISITION LETTER TO MEDICAL GUIDE

From

Mrs. Leema Roseline
II year, M.Sc(N)
Dr.G.Sakunthala College of Nursing,
Trichy – 5

To

Dr.Ganthamani, M.D., D.G.O.,
G.V.N. Hospital,
Trichy

Respected Mam,

Sub: *Requesting permission for the guidance to conduct the study, regarding...*

I am studying in II year, M.Sc (N) at Dr.G.Sakunthala College of Nursing, Trichy. I would like to conduct a study as a partial fulfillment for the degree of M.Sc(N). The statement of the problem is.

“A study to assess the Effectiveness of IEC package on knowledge, expressed practice on awareness and management of menopausal symptoms among teachers working at selected high schools in Thanjavur during the year 2010 – 2011”.

I humbly request you to guide me & kindly give suggestions for conducting the study. I'll be thankful mam.

Thanking you in anticipation.

Place:

Yours sincerely,

Date:

C. Leema Roseline